

# **FORMS FOR BID**

### FOR CONSTRUCTION ON STATE HIGHWAY IN SAN BERNARDINO COUNTY FROM AGRICULTURAL INSPECTION STATION TO COYOTE LAKE ROAD OVERCROSSING

In District 08 On Route 15

**Under** 

Notice to Bidders and Special Provisions dated December 7, 2015

Standard Specifications dated 2010

Project plans approved August 6, 2015

Standard Plans dated 2010

To be submitted conjointly with Electronic Bid book dated December 7, 2015 Identified by Contract No. 08-0R7104 08-SBd-15-R87.3/R91.8 Project ID 0812000153

> Federal-Aid Project ACHSNHPIG-015-2(038)E

#### **DBE - COMMITMENT**

DES-OE-0102.10D (REV 12/2014)

ADA Notice

CONTRACT NO:						
BID AMOUNT:						
\$ BID OPENING DATE:						
DID OF ENTIRE BYTTE.						
BIDDER'S NAME:						
DBE GOAL FROM CONTR	ACT %:					
DBE PRIME CONTRACTO	R CERTIFICATION <sup>1</sup> :	TOTAL NUMBER OF AL	L SUBCONTRACTS (DBE &	NON-DBE)	TOTAL VALUE OF ALL SUBCONTRA	CTS (DBE & NON-DBE)
BID ITEM NO.	SERVICES TO BE SI	D DESCRIPTION OF JBCONTRACTED OR JBE PROVIDED <sup>2</sup>	WORK CATEGORY CODES <sup>3</sup>	opened.	NAME OF DBEs st be certified on the date bids are include Caltrans' certification no., DBE s, and phone number. Show 2nd and lower tier subcontractors)	AMOUNT (\$)
Show all DBE firms being each DBE shown stating shown for the specific ar	that it will be participati				Total Claimed Participation	\$
The names of the 1st tie			ce consistent with the			%
Subcontractor List (Pub Cont Code § 4100 et seq.).  1Each DBE prime contractor must enter its certification number and show all work to be performed by DBEs, including work performed by its own forces.				er acknowledges that it is comm own on this form to meet the cor	itted to use the	
<sup>2</sup> If 100% of an item is no the item to be performed		nished by the DBE, des	scribe the exact portion of			
<sup>3</sup> Use Work Category Codes from the California Unified Certification Program database.				Sig	gnature of Bidder	
				Da	te (A	rea Code) Tel. No.
				Pe	rson to Contact (Ple	ease Type or Print)

For individuals with sensory disabilities, this document is available in alternate formats. For information, call (916) 445-1233, TTY 711, or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

#### **DBE CONFIRMATION**

DES-OE-0102.13 (NEW 05/2015)

Contract no.:			
Name of DBE business:			
Name of DBE representative	3: 		
DBE certification number:			
Name of bidder:			
Name of prime contractor if	different from the bidder:		
Name of representative of bi	idder or prime contractor:		
Date:			
Bid item number	Bid item number		
If 100% of an item is not to portion of the item to be per	be performed or furnished by the DBE, describe the exact rformed or furnished	Total	
		enterprise, I confirm that my busin prime contractor shown above reg the bidder is awarded the contract	dder or prime contractor to perform
		I certify under penalty of perjury th	at the foregoing is true and correct.
		Signature of DBE's authorized	representative:
		Printed name of DBE's author	ized representative:
		Title of DBE's authorized repre	esentative:
		Date:	_

ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For alternate format information, contact the Forms Management Unit at (916) 445-1233, TTY 711, or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

STATE OF CALIFORNIA • DEPARTMENT	OF TRANSPORTATION
STATE OF CALL ORDING DEFAILINGENT	OI INANGEON IATION

コヒ へへへに	\ E A ITU	EEEODTC	DOCUMENT	'A TIANI

DES-OE-0102.11A (REV 12/2014)

Bidder's Name:	
Contract No.: _	

Page 1 of 3

List items of work the Bidder made available to DBE firms. Identify items of work the Bidder might otherwise perform with its own forces, items that have been broken down into economically feasible units to facilitate DBE participation, and items for which the Bidder has established flexible time frames for performance and delivery schedules in a manner that encourages and facilitates DBE participation. For each item listed, show the dollar value and percentage of the total contract. The Bidder must demonstrate that sufficient work to meet the goal was made available to DBE firms.

Item of Work Offered, Services Offered, or Materials Supplied	Perfori	Normally ms Item s/No	Facilitate I	en Down to Participation s/No	for Performan Scho	xible Timeframes ce and Delivery edules s/No	Amount (\$)	Percentage of Total Bid
	YES	Пио	YES	Пио	YES	NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	NO	YES	NO	YES	NO		
	YES	Пио	YES	Пио	YES	NO		
	YES	□ №	YES	□ NO	YES	□ NO		
	YES	NO	YES	NO	YES	NO		
	YES	Пио	YES	□ NO	YES	NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	□ NO	YES	Пио	YES	□ NO		
	YES	NO	YES	□ NO	YES	□ NO		
	YES	NO	YES	□ NO	YES	NO		
	YES	NO	YES	NO	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	NO	YES	NO	YES	□ NO		
	YES	Пио	YES	Пио	YES	NO		
	YES	NO	YES	Пио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	NO	YES	Пио	YES	□ NO		

	なりしり		EEEADTO	DOCUMENT	
I)DE		CALLE	FFFURIA	1 M M AL AL DIVIDE IN 1	A 1 11 11 11 11 11 11 11 11 11 11 11 11

DDL GGOD I AITH LIT GIVIS DGGGWLIN

Bidder's Name	t c
Contract No.: _	

DES-OE-0102.11A (F	REV 12/2014)							Page 2 of 3
List the names of cert up initial and follow-up s etc.	ified DBEs and a olicitations to def	ıll the dates on w termine with certa	hich they were solic ainty whether the DI	ited to I BEs we	bid on this project. In re interested. Attach	clude the items of work offered a copies of solicitations. e-mail ma	nd the dates and metho essages, telephone reco	ds used for following rds, fax confirmations,
Name of DBE Solicited Date of		Date of I	nitial Solicitation		ltems of	Wark Offered	Follow Up Me	ethods and Dates
	vided quotes, the	price quote for e	ach firm, and the p	rice diffe	erence for each DBE	pecific to the items of work being if the selected firm is not a DBE act.		
Items of Work	Specifications t	ed Plans/ for Work Offered s/No	Name of Select Firm	ted	DBE or Non-DBE	Name of Rejected Firm	Quote (\$)	Price Difference (\$)
	YES	□ NO						
	YES	ОИ						
	YES	ОИ						
	YES	ОИ						
	YES	Пио						
	YES	Пио						
	YES	NO						
	YES	□ NO						
	YES	NO						
If the firm selected for the Provide evidence as to v						nd attach names, addresses, and	phone numbers for the	firms listed above.

Bidder's Name	
Contract No.: _	

DBE GOOD FAITH EFFORTS DOCUMENTATION	GOINI GOI TO	
DES-OE-0102.11A (REV 12/2014)		

			Page 3 of 3				
4. Describe the Bidder's outreach efforts to identify and solicit the interest of all certified DBEs that have the capability to perform the work of the Contract. Provide copies of supporting documents.							
Description of Outreach	Dates	Location (if applicable)	Results				
	de interested DBEs with adequate information a assisted, the type of information provided, and						
Describe the Bidder's efforts made to assist dates. Provide copies of supporting document	t interested DBEs in obtaining bonding, lines of ts.	credit, or insurance. Identify the DBEs assisted	d, the type of assistance offered, and the				
equipment the DBE purchases or leases from documents. List efforts made to assist interest	t interested DBEs in obtaining necessary equipi the prime contractor or its affiliate. Identify the ted DBEs in obtaining bonding, lines of credit, in ubcontractor purchases or leases from the prime	DBEs assisted, the type of assistance offered, nsurance, necessary equipment, supplies, mat	and the dates. Provide copies of supporting erials, or related assistance or services,				
List the names of agencies and the dates o provide copies of supporting documents.	n which they were contacted to provide assista	nce in contacting, recruiting, and using DBE fir	ms. If the agencies were contacted in writing,				
9. Include additional data to support a demons	stration of good faith efforts.						
NOTE: USE ADDITIONAL SHEETS OF PAPE	ER IF NECESSARY.						

ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For information, call (916) 445-1233, TTY 711, or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.